American Fraternal Alliance "Join Hands Day" Event Form

NSS Life
Family Matters...

AMERICAN FRATERNAL ALLIANCE

United in service and financial security.

Our Assembly/Circle/Region #: _____ conducted a "Join Hands Day" Event in support of the AFA Join Hands Day Project. This event was held on: _____

Location of Event: _____

Description of Event: _____

(Please provide the Names of the NSS Members in Attendance along with their Assembly/Region or Circle Number)

Date ____ / ____ / 20 ____

_____
Signature of Assembly/Circle/Region Officer